

9/25/08

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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In re: Methyl Tertiary Butyl Ether ("MTBE")  
Products Liability Litigation

This Document Relates To:

*Machin, et al. v. Taylor Investment, L.L.C., et  
al.*, Case No. 06 Civ. 10205 (SAS)

Master File C.A. No. 1:00-1898  
MDL NO. 1358 (SAS)  
M21-88

The Honorable Shira A. Scheindlin

JUDGE SCHEINDLIN

**JOINT STIPULATION AND [PROPOSED] ORDER REGARDING**

**USE OF QUESTIONNAIRES FOR DISCOVERY PURPOSES**

The parties to this action through their respective counsel hereby stipulate as follows:

WHEREAS, given the nature of this action, the parties have met and conferred and  
agreed to utilize a questionnaire in the form of Exhibit 1 ("Questionnaire") to aid in and  
streamline the discovery process;

WHEREAS, Plaintiffs have agreed to provide responses to the Questionnaires within  
thirty (30) days of the date that this Court enters its Order; and

WHEREAS, in addition to providing responses to the Questionnaires, Plaintiffs have also  
agreed to provide medical authorizations, in the form of Exhibit B attached to the Questionnaire  
("Medical Authorizations"), within thirty (30) days of the date this Court enters its Order;

NOW THEREFORE Plaintiffs and Defendants through their counsel of record stipulate  
to the following:

1. Plaintiffs shall return their completed and verified Questionnaires and Medical  
Authorizations according to the instructions outlined therein within thirty (30) from the date on  
which the Court enters its Order,

2. If, after a good faith effort, an individual Plaintiff determines he or she needs additional time to provide completed Questionnaires and Medical Authorizations, that particular Plaintiff may extend the deadline an additional thirty (30) days by making a written request to the Court supported by a declaration of counsel showing good cause for the additional time.

3. The procedure agreed to in this Joint Stipulation shall not prohibit any party from serving other written discovery as deemed appropriate, however, in serving such discovery, the Defendants shall not seek information that is duplicative of that which is provided by the Questionnaires.

Dated: September 16, 2008

BRAYTON PURCELL, LLP

By: 

CLAYTON W. KENT

Attorneys for Plaintiffs

Dated: September <sup>22</sup>16, 2008

ARNOLD & PORTER LLP

By: 

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Attorneys for Defendants

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BP AMERICA INC., BP AMERICA  
PRODUCTION COMPANY,  
and BP AMOCO CHEMICAL COMPANY

Dated: September 16, 2008

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By:   
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Union Oil Development Corporation, Unocal  
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Foundation, Unocal Intl. Supply & Trading Co.,  
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Limited and Unocal Pipeline Company

Dated: September 16, 2008

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Company LLC

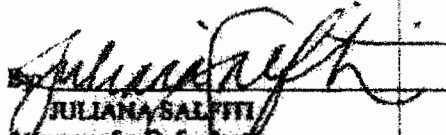
Dated: September 16, 2008

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Ahmad Avash, Ali Salahi and A&A Gas

Dated: September 16, 2008

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By:   
JULIANA SALOTTI  
Attorneys for Defendants  
Taylor Investments, LLC and Irvin S. Taylor

Dated: September 15, 2008

KING & SPALDING LLP

By: \_\_\_\_\_  
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Union Oil Development Corporation, Unocal  
Corporation, Unocal Supply Company, Unocal  
Foundation, Unocal Intl. Supply & Trading Co.,  
Unocal Land & Development Company, Unocal  
Limited and Unocal Pipeline Company

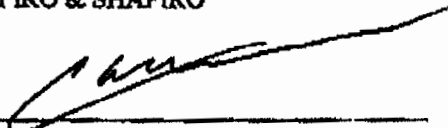
Dated: September 15, 2008

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By: \_\_\_\_\_  
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Attorneys for Defendants  
Attorneys for Shell Oil Company, Shell Oil  
Company Foundation and Shell Oil Products  
Company LLC

Dated: September 15, 2008

SHAPIRO & SHAPIRO

By:  \_\_\_\_\_  
CARL B. SHAPIRO  
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Ahmad Avash, Ali Salkhi and A&A Gas

Dated: September 15, 2008

ELLIOTT & ELLIOTT

By: \_\_\_\_\_  
JULIANA SALFITI  
Attorneys for Defendants  
Taylor Investments, LLC and Irvin S. Taylor

SO ORDERED.

DATED: Sept 25, 2008

  
\_\_\_\_\_  
THE HONORABLE SHIRA A. SCHEINDLIN

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# **EXHIBIT 1**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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In re: Methyl Tertiary Butyl Ether ("MTBE")  
Products Liability Litigation

This Document Relates To:

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Master File C.A. No. 1:00-1898  
MDL NO. 1358 (SAS)  
M21-88

The Honorable Shira A. Scheindlin

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**PERSONAL INJURY, PROPERTY AND OTHER CLAIMS QUESTIONNAIRE AND  
VERIFICATION BY PLAINTIFF**

**INSTRUCTIONS**

1. This Questionnaire is a legal document. The law requires you to fill it out as truthfully and accurately as possible. When you have finished answering these questions, review your answers to be sure they are correct. When you are satisfied, please sign the last page of the Questionnaire. By signing this last page, you are indicating to us that your answers are truthful, under penalty of perjury, just as if the answers were given under oath in the courtroom.
2. You must base your answers on all information that is in your possession, custody or control, including information in the possession, custody or control of anyone acting on your behalf.
3. If the space provided is inadequate for your answer, please complete your answer on one of the supplemental pages at the end of this booklet and specify the question number to which you are providing further answers.
4. If you do not know the answer to a particular question, please write 'I do not know' in the space provided for that question.
5. If you represent one or more plaintiffs (for example, children) and you are yourself a plaintiff, you must complete separate Questionnaires for yourself and for each of the persons for whom you are completing Questionnaires.

6. When asked to identify a person, please provide the person's full name, telephone number, home or business address and any other identifying information known to you.

7. Either type your answers or clearly write your answers in ink.

### **DEFINITIONS**

In answering this Questionnaire:

1. The terms "you" and "your" shall mean and refer to the plaintiff completing this Questionnaire or on whose behalf this Questionnaire is being completed (*i.e.*, a minor). (*See* Instruction number 5 above.) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys, investigators and representatives. If any question cannot be answered completely, answer it to the extent possible.

2. The term "medical practitioner" shall mean and refer to all doctors, surgeons, physicians, psychiatrists, psychologists, chiropractors, therapists, nutritionists, nurses, and any other person providing, or who has provided, physical and/or psychological health care services including, but not limited to, health care counseling, diagnoses, treatment, evaluations and/or prognosis, whether or not any type or form of medication or other remedy was prescribed.

3. The term "medical treatment facility" shall mean and refer to all offices, clinics, hospitals, institutions and all other locations where physical or mental health care services are provided.

4. The terms "exposed" or "exposure" mean contact, in any manner whatsoever, with the substances which you claim caused you harm or damage, including, without limitation, inhalation (breathing), skin contact, and ingestion (swallowing).

5. The term "Redwood Mobile Home Park" shall mean and refer to the mobile home park located in Novato, California, in the County of Marin, such as it is referenced in the complaint.



6. The term "water well" means the underground water supply well currently or formerly located on or near the Redwood Mobile Home Park, which you claim was contaminated with MTBE.

7. The term "contamination" shall mean and refer to the contamination and/or contamination of the soil, air and water at the Redwood Mobile Home Park, that you contend exists or existed and is the subject of your complaint.

8. The term "Site" shall mean any current or former gasoline station facility of any defendant, or any other facility of any defendant, which you claim in your complaint caused or contributed to any contamination at issue.

9. The term "PCE" shall mean and refer to tetrachloroethylene or perchloroethylene.

10. The term "TCE" shall mean and refer to trichloroethylene.

11. The term "MTBE" shall mean and refer to methyl tertiary-butyl ether.

12. The term "VOCs" shall mean and refer to volatile organic chemicals.

13. The term "medical monitoring" shall mean and refer to regular medical tests conducted for the purpose of attempting early detection of possible illnesses or diseases potentially caused by the alleged contamination at issue in this lawsuit.

14. The term "Related Lawsuits" shall mean (1) *DeFrancesco et al. v. Taylor Investments, LLC, et al.*, Marin County Superior Court, Case No. CV 023466; (2) *Quinn, et al. v. Shell Oil Inc., et al.*, Marin County Superior Court, Case No. CV 043471; and (3) *Shannon, et al. v. Taylor Investments, LLC, et al.*, Marin County Superior Court, Case No. CV 044959.

### **PLAINTIFF QUESTIONNAIRE**

**If you are answering this questionnaire for someone else (for example, a minor) answer the questions below on behalf of that person and not on behalf of yourself. If you are answering for yourself, then complete these questions as to yourself.**

I am completing this Questionnaire on behalf of:

☐ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Questionnaire. (Do not identify anyone who simply typed or reproduced the responses.)

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2. Plaintiffs full name:

First	Middle	Last
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3. Current Address:

Street Address	Apt. No.
City	State
Zip	

4. Date and place of Birth: \_\_\_\_\_

5. Social Security number: \_\_\_\_\_

6. Driver's license number: \_\_\_\_\_

7. Maiden name, if any: \_\_\_\_\_

8. Any other names that you have been known by:

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9. Can you speak and understand English with ease? \_\_\_\_ Yes. \_\_\_\_ No.

10. Can you write in English? \_\_\_\_ Yes. \_\_\_\_ No.

11. What other languages can you speak or write with ease? \_\_\_\_\_

12. What is the primary language that you use? \_\_\_\_\_

13. Are you only making a claim for loss of consortium? \_\_\_\_ Yes. \_\_\_\_ No.

14. a. What is your current marital status?

____ Married	____ Separated	____ Divorced
____ Widowed	____ Single (never married)	

- b. If currently married, when and where were you married? \_\_\_\_\_

Month/Day/Year City/State

- c. If you have been divorced, please list the dates of marriage(s) and divorce(s):

\_\_\_\_\_

15. Please provide the name, place of birth and date of birth of each of your children, whether living or deceased.

\_\_\_\_\_ I have never had any children.

\_\_\_\_\_ My children are identified below:

Name	Birth date	Place of Birth (city, state, hospital)	Adopted (yes/no)

16. Do any of your children have birth defects which you claim were caused by the contamination?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

a. If yes, please provide their names. \_\_\_\_\_

\_\_\_\_\_

b. If yes, are any of them plaintiffs in this lawsuit? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

17. Please state all of your educational training below beginning with your elementary school.

School Name	School Address (City and State)	Dates attended and degree received, if any.

18. a. Are you currently employed? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

If yes, provide the following information:

b. Name of employer: \_\_\_\_\_

c. Address where you are employed: \_\_\_\_\_

\_\_\_\_\_

d. Start date of employment: \_\_\_\_\_

e. Job title or description: \_\_\_\_\_

19. Were you ever employed at a place different from the employer described in response to Question 18? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please provide the information requested below for each previous employer since high school. If you have more than two previous employers after high school, please complete your response on the supplemental pages by providing all the information requested below for all additional previous employers.

Please provide an authorization to obtain employment records in the form provided for each employer identified.

EMPLOYER 1 (most recent previous employer)

a. Name: \_\_\_\_\_

b. Address where you were employed: \_\_\_\_\_  
\_\_\_\_\_

c. Dates of employment: \_\_\_\_\_

d. Job title or description: \_\_\_\_\_

e. Salary(ies): \_\_\_\_\_

EMPLOYER 2 (next most recent previous employer)

a. Name: \_\_\_\_\_

b. Address where you were employed: \_\_\_\_\_  
\_\_\_\_\_

c. Dates of employment: \_\_\_\_\_

d. Job title or description: \_\_\_\_\_

e. Salary(ies): \_\_\_\_\_

20. Have you ever been in military service? \_\_\_\_ Yes. \_\_\_\_ No.

a. If yes, state the dates served: from \_\_\_\_\_ to \_\_\_\_\_  
(Mo./Yr.) (Mo./Yr.)

b. In what branch of the service did or do you serve? \_\_\_\_ Army \_\_\_\_ Marine Corps  
\_\_\_\_ Navy \_\_\_\_ Air Force \_\_\_\_ Other (specify: \_\_\_\_\_)

c. If you served outside of the United States, state where: \_\_\_\_\_

d. What were your responsibilities in the military? \_\_\_\_\_  
\_\_\_\_\_

e. What was your rank at the time of discharge? \_\_\_\_\_

f. What was your serial number? \_\_\_\_\_

g. Did you receive a medical discharge? \_\_\_\_ Yes. \_\_\_\_ No.

Please provide a completed military records authorization in the form provided, unless you are not claiming any personal injuries or any increased risk of future injuries (including medical monitoring and/or fear of cancer).

21. Please state each of your residence addresses from 1940 to the present and the dates you lived at each address, beginning with your current address. (If you have had more than three residences from 1940 to the present, please complete your response on the supplemental pages by providing all the information requested below for all other residences.)

RESIDENCE 1 (Current Residence)

a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Dates of residence: \_\_\_\_\_

c. Please identify all persons who lived at this residence with you.  
\_\_\_\_\_

RESIDENCE 2

a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Dates of residence: \_\_\_\_\_

c. Please identify all persons who lived at this residence with you.  
\_\_\_\_\_

RESIDENCE 3

a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Dates of residence: \_\_\_\_\_

c. Please identify all persons who lived at this residence with you.  
\_\_\_\_\_

22. Have you ever been a plaintiff or a defendant in a civil lawsuit involving allegations of personal injury (including a class action suit, but not including divorce proceedings) other than this lawsuit?

\_\_\_\_ Yes. \_\_\_\_ No.

If yes, please provide the information requested below for each such lawsuit. (if more than one such lawsuit, please complete your response on the supplemental pages by providing all the information requested below for all other lawsuits.)

- a. Name of action: \_\_\_\_\_  
Case No.: \_\_\_\_\_ Court: \_\_\_\_\_  
Date (year and month) that action was filed: \_\_\_\_\_
- b. Were you a plaintiff \_\_\_\_\_ or defendant \_\_\_\_\_? (check one)
- c. What was the nature of the allegations of the action?  
\_\_\_\_\_  
\_\_\_\_\_
- d. How was the case resolved? \_\_\_\_ Settlement \_\_\_\_ Dismissal \_\_\_\_ Verdict or Judgment

## II. LOSS OF CONSORTIUM

23. Are you seeking damages for loss of consortium? \_\_\_\_ Yes. \_\_\_\_ No.  
If no, go to Section III, below. If yes, please answer Questions 24 through 26.
24. State the name and date of birth of each person whose consortium you have lost:  
\_\_\_\_\_  
\_\_\_\_\_
25. For each person named in Question 24, state your relationship to them and describe in detail the lost consortium (*e.g.*, loss of companionship, loss of sexual relationship, etc.), including the date the loss began:  
\_\_\_\_\_  
\_\_\_\_\_
26. For each person whose consortium you have lost, state whether the person is a plaintiff in this lawsuit.  
\_\_\_\_\_  
\_\_\_\_\_

## III. PERSONAL INJURIES, EMOTIONAL DISTRESS, AND MEDICAL MONITORING.

### A. Personal Injury Claims

27. Are you making a claim for personal injuries, diseases, illnesses or conditions in this lawsuit? Note: This question does not include emotional distress, fear of cancer, or medical monitoring, which are addressed in later questions:  
\_\_\_\_ Yes. \_\_\_\_ No.

**If you answered "Yes" to Question 27, please answer Questions 28 through 37. If you answered "No" to Question 27, please go to Question 38.**

28. Describe in detail each of your physical injuries, diseases, illnesses or conditions which you claim were caused by any defendant or the contamination for which you seek to recover damages in this lawsuit; state the date that the symptoms began (do not include emotional distress or fear of cancer in this response) and the date of diagnosis of the condition by a Medical Practitioner.

Condition	Date Symptoms Began	Date of Diagnosis

29. Are any of the above conditions continuing? ☐ Yes. ☐ No. If you answered "yes," please indicate which are continuing. If you answered "no," please state the date(s) when each condition ended.

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30. Please give the name and address and approximate dates of treatment by each Medical Practitioner or Medical Treatment Facility (doctor, hospital, etc.) with whom or where you received any advice, consultation, testing, therapy, examination or treatment for each injury identified in Question 28. Please specify the condition or injury for which you were treated.

Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Date of Treatment

(If more than five Medical Practitioners or Treatment Facilities, please use additional pages, as necessary.)

31. Did you incur any out of pocket expenses in connection with any of the above treatments? ☐ Yes. ☐ No. If you answered "yes," please specify the amount and nature of expenses incurred as to each treatment.

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32. For the period from five years before the onset of your earliest injury identified in response to Question 28 to the present, list your family doctor and any specialists you have seen other than any Medical Practitioner or Medical Treatment Facility identified in your response to Question 30.

Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Year of Treatment

(Use supplemental pages if there are more than five such practitioners or facilities.)

33. Have you ever suffered from cancer or any other major illness? ☐ Yes. ☐ No. If you answered "yes," please provide the following information. (Do not list any Medical Practitioners or Medical Treatment Facilities already listed in response to Questions 30 or 32.)

Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Year of Treatment

34. Are you claiming damages for cancer? ☐ Yes. ☐ No.

If yes, give the name and address for all Medical Practitioners and Medical Treatment Facilities (doctor, hospital, etc.) you have been to during the fifteen years before you were diagnosed with cancer. (Do not list any Medical Practitioners or Medical Treatment Facilities already listed in response to Question 30, 32, 33.)



Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Year of Treatment

(Use supplemental pages if there are more than five such practitioners or facilities.)

35. Are you bringing a claim for "preconception injury" resulting from exposure during pregnancy to contamination due to any defendants' conduct? \_\_\_\_ Yes.  
 \_\_\_\_ No. (If yes, please answer Question 36. If no, go to Question 37.)

- a. Please describe your preconception injury: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Please describe the exposure that resulted in this injury: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. State your birth mother's full name, your biological father's full name and the hospital (including city and state) at which you were born: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit were caused by any of the defendants or by any of the alleged contaminants?  
 \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please identify:

- a. The Medical Practitioner who told you that it was related to such contaminants:  
 \_\_\_\_\_
- b. The specific contaminants (e.g., MTBE, PCE, TCE, benzene, toluene, etc.) which you were told caused your injuries, illnesses or conditions:  
 \_\_\_\_\_
- c. The date on which you were told: \_\_\_\_\_

**B. Emotional Distress, Fear of Cancer, and Other Psychological Injuries**

38. Are you making a claim for emotional distress, fear of cancer, or any other mental condition or psychological injury in this lawsuit? \_\_\_\_ Yes. \_\_\_\_ No.

**If you answered "yes" to Question 38, please answer Questions 39 through 43.  
If you answered "no" to Question 38, please go to Question 44.**

39. Describe each of the emotional, mental, or psychological conditions or injuries that you claim were caused by any of the defendants or the contamination. (Include in your description the date that you first had the condition or injury and whether the condition or injury is continuing. If the condition is not continuing, state when it ended.):

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40. Please provide the following information for each medical practitioner or medical treatment facility (doctor, hospital, etc.) from whom or where you received any advice, consultation, testing, therapy, examination or treatment for each injury or condition identified in Question 39. Please specify the condition or injury for which you were treated.

Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Date of Treatment

(Use supplemental pages if there are more than five such practitioners or facilities.)

41. Have you ever been told by any medical practitioner that any of the emotional or psychological injuries, illnesses or conditions for which you are seeking damages in this lawsuit was caused by any of the defendants or by the alleged contaminants?  
\_\_\_\_ Yes. \_\_\_\_ No.

If yes, please identify:

- a. The Medical Practitioner who told you that it was related to such contaminants:

- 
- b. The specific contaminants (e.g., MTBE, PCE, TCE, benzene, toluene, etc.) which you were told caused your injuries, illnesses or conditions:
- 
- c. The date on which you were told: \_\_\_\_\_
42. Describe any significant stress or other emotional distress in your life starting two years before the date you claim emotional distress in this case (for example, a divorce, death of a loved one, unemployment, etc.). If none, say "none." \_\_\_\_\_
- 
43. If you are claiming any emotional or mental problem (including depression), have any of your blood relatives, including children, parents, grandparents, aunts, uncles, brothers or sisters (and including your half-brothers and half-sisters), whether currently living or deceased, ever been diagnosed with or treated for emotional or mental problems (e.g., depression, schizophrenia)? \_\_\_\_ Yes. \_\_\_\_ No.
- If yes, please describe the relationship of each such person to you, whether he/she is a maternal or paternal relative and state the type of emotional or mental problem.
- 
- 

**C. Medical Monitoring**

44. Are you seeking to recover damages for the costs of future medical tests and/or diagnosis in this lawsuit? \_\_\_\_ Yes. \_\_\_\_ No.
- If you answered "yes" to Question 44, please answer Question 45. If you answered "no" to Question 44, please go to Question 46.**
45. Please give the name and address of any Medical Practitioner who has told you that you should have future medical tests and/or diagnosis as a result of exposure to the contamination or any other conduct by any defendant. If none, state "None."
- 
- 

**D. Loss of Income**

46. Do you claim that any of your physical or emotional injuries or conditions which you claim were caused by the contamination or by any of the defendants caused you to be absent from work or affected your earning capacity and thereby caused

you to lose wages? \_\_\_\_ Yes. \_\_\_\_ No.

**If you answered "yes" to Question 46, please answer Questions 47 through 52.  
If you answered "no" to Question 46, please go to Question 53.**

47. Please provide the following information for each of the work absences you claim was caused by the contamination. (If more than 2 absences, please complete your response on the supplemental pages by providing all of the information requested below for all absences.)

ABSENCE 1

- a. Dates of absence: \_\_\_\_\_
- b. Employer: \_\_\_\_\_
- c. Weekly wage before absence: \$ \_\_\_\_\_ per week
- d. Wages lost during this absence? \$ \_\_\_\_\_
- e. Describe how you calculated this loss: \_\_\_\_\_  
\_\_\_\_\_

ABSENCE 2

- a. Dates of absence: \_\_\_\_\_
- b. Employer: \_\_\_\_\_
- c. Weekly wage before absence: \$ \_\_\_\_\_ per week
- d. Wages lost during this absence? \$ \_\_\_\_\_
- e. Describe how you calculated this loss: \_\_\_\_\_  
\_\_\_\_\_

48. Do you claim that any of your physical or emotional injuries or conditions which you claim were caused by the contamination or by any of the defendants caused you to change occupations? \_\_\_\_ Yes. \_\_\_\_ No.

- a. If yes, what health reason(s) do you claim caused you to change occupations?  
\_\_\_\_\_

- b. If yes, do you claim that the change in occupation caused you to lose wages?  
\_\_\_\_ Yes. \_\_\_\_ No.

If yes, please explain the nature and amount of your lost wages.  
\_\_\_\_\_  
\_\_\_\_\_

49. Do you believe that your capacity to earn income has been impaired by any of the physical, mental or emotional injuries which you claim are caused by the contamination or any of the defendants? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please state which injuries have impaired your earning capacity, the extent of the impairment and the date on which it began. \_\_\_\_\_

\_\_\_\_\_

50. Since 1985, or after you moved to and/or visited the Redwood Mobile Home Park (whichever occurred later), have you brought a workers' compensation claim against any employer, whether you recovered any benefits or not, for any of the same or similar injuries, illnesses, diseases or conditions that you are claiming in this lawsuit? \_\_\_\_ Yes. \_\_\_\_ No.

a. If yes, please provide for each such claim, the name of the employer against whom you brought the claim, the date the claim was brought, and the injury, illness, disease or condition for which the claim was brought. (Please use supplemental pages to provide additional information if necessary.)

b. Did you recover benefits for this claim? \_\_\_\_ Yes. \_\_\_\_ No.

\_\_\_\_\_

51. Since 1985, or after you moved to and/or visited the Redwood Mobile Home Park (whichever occurred later), have you applied for disability benefits, including Social Security? \_\_\_\_ Yes. \_\_\_\_ No. If yes, please provide the information requested.

a. If you applied and were denied benefits, state the date of the application and the reason for your disability claim. \_\_\_\_\_

\_\_\_\_\_

b. If you applied and received disability benefits, please provide the documents you submitted in connection with your application. \_\_\_\_\_

\_\_\_\_\_

c. From whom did you receive benefits (employer, governmental agency, insurance company, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. When was the first and last date you received benefits?

From: \_\_\_\_\_ To: \_\_\_\_\_

- e. Please describe the condition for which you received the benefits.

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52. If you are claiming loss of income, have you received unemployment benefits during the time this loss of income occurred? \_\_\_\_ Yes. \_\_\_\_ No. If yes, please provide the information requested.

- a. Date(s) benefit was claimed: \_\_\_\_\_
- b. Date(s) benefits were received: From: \_\_\_\_\_ To: \_\_\_\_\_
- c. Amount of benefits received: \$ \_\_\_\_\_

#### IV. MEDICAL HISTORY

If you are completing this Questionnaire for another person (i.e., a minor), you must answer all of the Questions in this section on behalf of that person.

If you are completing this Questionnaire for yourself and you are making any claim for personal injury, emotional distress of any type, medical monitoring or fear of cancer, you must answer all of the Questions in this section for yourself.

If you are making any claim for loss of consortium (for someone who is not a plaintiff), you must also provide a separate copy of this section in which you answer Questions 52 to 59 as to that person.

If you are completing this Questionnaire for yourself or another living person and you answered "NO" to all Questions 27, 38, 44, and 46, and if you (or they) are not making any loss of consortium claim, then you do not need to answer the questions in this section and you may go directly to Section V.

##### A. General Health & Medical History

53. Please provide the following information concerning your birth.

- a. Were you adopted? \_\_\_\_ Yes. \_\_\_\_ No.
- b. Were you a premature baby? \_\_\_\_ Yes. \_\_\_\_ No.
- c. Were you born with any birth defects? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please specify: \_\_\_\_\_

- d. What was your weight and length at birth? \_\_\_\_ pounds \_\_\_\_ ounces \_\_\_\_ inches
- e. Where were you born? \_\_\_\_ At home \_\_\_\_ In a hospital (name/address):  
\_\_\_\_ Other (please specify): \_\_\_\_\_

- f. If there were any complications with your mother's pregnancy with you or your birth, please explain. \_\_\_\_\_
54. Please provide the following information concerning your current height and weight.
- a. Height: \_\_\_\_\_ feet \_\_\_\_\_ inches      Weight: \_\_\_\_\_ pounds
- b. What is the most (excluding pregnancies) and the least you have weighed in the last five years?
- Most: \_\_\_\_\_ pounds      Least: \_\_\_\_\_ pounds
55. Have any of your children, parents, grandparents, aunts, uncles, brothers or sisters (including your half-brothers and half-sisters) who are blood relatives, whether currently living or deceased, ever been diagnosed with or treated for any major illness or condition other than cancer (e.g., asthma, emphysema, heart disease, high blood pressure, tuberculosis, etc.)? \_\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, please provide the name of the relative, his/her relationship to you, whether he/she is a maternal or paternal relative and state the type of illness.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
56. Have any of your children, parents, grandparents, aunts, uncles, brothers or sisters (including your half-brothers and half-sisters) who are blood relatives, whether currently living or deceased, ever been diagnosed with or treated for cancer? \_\_\_\_\_ Yes. \_\_\_\_\_ No.
- If yes, please provide the name of the relative, his/her relationship to you, whether he/she is a maternal or paternal relative and the type of cancer. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
57. Have you ever used tobacco products? \_\_\_\_\_ Yes. \_\_\_\_\_ No. (If no, go to Question 58.)
- a. Please state which of the following you have used or currently use and the dates of use (check all that apply).

Product	Year (or your age) when first used.	Use Currently? (Yes/No)	Year (or your age) last used (if not currently used
Cigarettes Yes___ No___	_____	Yes___ No___	_____
Cigars Yes___ No___	_____	Yes___ No___	_____
Pipe Yes___ No___	_____	Yes___ No___	_____
Snuff Yes___ No___	_____	Yes___ No___	_____
Chewing Tobacco Yes___ No___	_____	Yes___ No___	_____

- b. For each tobacco product that you currently use, please state the quantity of each that you consume on a daily (24 hour) basis.

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- c. For each tobacco product that you used at one time but do not use currently, please state the quantity that you formerly consumed, on average, on a daily, weekly, or monthly basis, as appropriate.

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- d. If you smoke or did smoke cigarettes, state the brands you do or did smoke and whether each was filtered or non-filtered?

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- e. Was there ever a time when you used the above-stated tobacco products in greater or lesser quantities than described above? \_\_\_ Yes. \_\_\_ No.

If so, please describe when and how much you used.

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58. Do you or did you drink alcoholic beverages? \_\_\_\_ Yes. \_\_\_\_ No. (If no, go to Question 59.)

a. If yes, what do you drink? (check all that apply)

\_\_\_\_ Beer  
\_\_\_\_ Wine

\_\_\_\_ Mixed drinks or liquor

b. How often do you drink?

\_\_\_\_ days per week; or  
\_\_\_\_ days per month, or  
\_\_\_\_ days per year

c. Please indicate (on average) the number of each of the following alcoholic beverages you consume per day, per week, or per month, as appropriate (indicate in your response if number is per day, per week, or per month):

<u>Beverage</u>	<u>Number per Day, Week, or Month</u>
Beer (glass)	_____
Wine (glass)	_____
Mixed Drink	_____

d. Was there ever a time when you drank more or less than described above?  
\_\_\_\_ Yes. \_\_\_\_ No.

If so, please describe when and how much you drank.

\_\_\_\_\_  
\_\_\_\_\_

e. If you do not currently drink alcoholic beverages, did you ever drink alcoholic beverages?

\_\_\_\_ Yes. \_\_\_\_ No.

f. If yes, what did you drink? (check all that apply)

\_\_\_\_ Beer  
\_\_\_\_ Wine

\_\_\_\_ Mixed drinks or liquor

g. On average, describe how much you drank per day, week, or month, as appropriate:

\_\_\_\_\_  
\_\_\_\_\_

h. Have you ever been treated or sought treatment for alcoholism or chronic drinking? \_\_\_\_ Yes. \_\_\_\_ No.

- i. If yes, please identify all persons who, or places where, you were treated and the years of such treatment.

59. Have you ever engaged in any routine nonprescription drug use? (Do not include in your response any over-the-counter medications such as Advil, Tylenol, cough syrup, etc.)

\_\_\_\_ Yes. \_\_\_\_ No. (If no, go to Question 60.)

- a. For each nonprescription drug that you currently use, please identify the drug and state the quantity of each that you consume on a daily (24 hour) basis.

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- b. For each nonprescription drug that you used at one time but do not use currently, please identify the drug and state the quantity that you formerly consumed, on average, on a daily, weekly, or monthly basis, as appropriate.

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- c. Was there ever a time when you used the above-stated nonprescription drug(s) in greater or lesser quantities than described above? \_\_\_\_ Yes. \_\_\_\_ No.

If so, please describe when and how much you used.

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60. Have you ever been treated or sought treatment for abuse of any prescription or nonprescription drug? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please identify all persons who, or places where, you were treated and the years of such treatment.

61. Please identify all medical doctors consulted from 1989 to the present, for any major illness.

Name of Physician	Date(s) of Treatment	Reason(s) For Treatment	Location of Treatment


62. Please Identify all hospitalizations, including in-patient treatment, out-patient treatment, and visits to an emergency room, received from 1989 to the present

Name of Hospital	Date(s) of Treatment	Reason(s) For Treatment

63. To the extent not previously disclosed, identify all medical/psychological treatments from 1989 to the present, for any major illness.

Name of Physician or Treating Professional	Date(s) of Treatment	Reason(s) For Treatment	Location of Treatment

## B. Pregnancy History

If you are a woman making a claim for cancer or other disease or injury for any of your reproductive organs, including your ovaries or uterus, or if you are a woman making a claim for preconception injuries or injuries at birth to any of your children, answer Questions 60 through 64 (men go to Question 65).

64. How many times have you been pregnant (including all pregnancies, whether carried to term or not). \_\_\_\_\_

65. Have you ever miscarried? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, state the number of times and the approximate date of each miscarriage, if known:

\_\_\_\_\_

66. Were any of your children stillborn? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please state the year and month of each stillbirth:

- 
67. Have any of your pregnancies resulted in premature delivery? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please state the number of times and the dates of the premature deliveries (including the due date and birth date of each premature infant):

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68. Have you ever had a medically required pregnancy termination? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please state how many times and the reasons for the medical necessity:

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## V. EXPOSURE HISTORY

**If you are completing this Questionnaire for another person (*i.e.*, a minor), you must answer all of the Questions in this section on behalf of that person.**

**If you are completing this Questionnaire for yourself and you are making any claim for personal injury, emotional distress of any type, medical monitoring or fear of cancer, you must answer all of the Questions in this section for yourself.**

**If you are making any claim for loss of consortium (for someone who is not a plaintiff), you must also provide a separate copy of this section in which you answer the Questions 66 to 86 as to that person.**

**If you are completing this Questionnaire for yourself or another living person and you answered "NO" to all Questions 27, 38, 44, and 46, and if you (or they) are not making any loss of consortium claim, then you do not need to answer the Questions in this section and you may go directly to Section VI.**

69. Completely fill in the table on Exhibit A with all information about any exposure to any chemical whether identified in the complaint or not that you claim caused you any type of injury or damage. Fill out one row for each exposure you claim caused you injury or damage. (For example, if you claim three (3) different exposures, you must fill out three rows - one for each exposure.)
70. If you have been a resident or tenant of the Redwood Mobile Home Park, state the name of the person(s) in your household whose name was on the lease:
- 
71. If you have never been a resident or tenant of the Redwood Mobile Home Park, or are claiming injury during a period when you were not a tenant or resident, state the name of the person whom you visited or were a guest of, for each visit:

Name of Resident	Date of Visit	Reason For Visit	Name of Other Individuals Present During Visit

**Please provide a copy of any documentary evidence (i.e., pictures) of any such visits.**

72. If you have never been a resident or tenant of the Redwood Mobile Home Park, or are claiming injury during a period when you were not a tenant or resident, did you ever spend the night in the Park? \_\_\_\_\_ If yes, how many nights?  
\_\_\_\_\_
73. Did you ever consume tap water that originated from the drinking water well at Redwood Mobile Home Park? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_
74. Did you ever bathe in tap water that originated from the drinking water well at Redwood Mobile Home Park? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_
75. Did you ever cook using tap water that originated from the drinking water well at Redwood Mobile Home Park? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_
76. Have you ever made any complaints about the water, soil, or air at the Redwood Mobile Home Park or at any Site? If so, for each such complaint, provide the following information:
- a. The date on which you made such complaint:  
\_\_\_\_\_
  - b. The substance of your complaint:  
\_\_\_\_\_
  - c. The name of any person to whom you made such complaint:  
\_\_\_\_\_
  - d. If the complaint or any response was in writing, attach copies or indicate copies no longer exist:  
\_\_\_\_\_
77. Please state the date when you first learned of well water contamination at the Redwood Mobile Home Park: \_\_\_\_\_
78. Have you ever had any written or oral communication with any current or former city, state, or federal authority or regulatory agency regarding the alleged

contamination at the Redwood Mobile Home Park?

If so, for each such communication, provide the following information:

- a. The name of any such current or former individual or entity: \_\_\_\_\_  
\_\_\_\_\_
  - b. The dates of such communications: \_\_\_\_\_  
\_\_\_\_\_
  - c. The substance of such communications: \_\_\_\_\_  
\_\_\_\_\_
  - d. If any communication, or any response, was in writing, please attach copies.
79. Please identify each person, including Medical Practitioners (but excluding your lawyers or persons working at the direction of your lawyers), who has told you that you were exposed to any chemical that you claim has caused you any injury or damage, which chemical they told you you were exposed to, when they told you, and the location of the exposure.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
80. Have you ever been tested or examined to determine if you have been exposed to:
- PCE \_\_\_\_ Yes. \_\_\_\_ No.
- TCE \_\_\_\_ Yes. \_\_\_\_ No.
- MTBE \_\_\_\_ Yes. \_\_\_\_ No.
- Benzene \_\_\_\_ Yes. \_\_\_\_ No.
- Toluene \_\_\_\_ Yes. \_\_\_\_ No.
- VOCs (excluding above) \_\_\_\_ Yes. \_\_\_\_ No. Specify: \_\_\_\_\_
- Other Chemical Substances \_\_\_\_ Yes. \_\_\_\_ No.  
(Specify each)
- \_\_\_\_\_

For each substance for which you checked "yes" above, please state:

- a. Who conducted the test(s)? \_\_\_\_\_  
\_\_\_\_\_

- b. The type of tests conducted? \_\_\_\_\_  
\_\_\_\_\_
- c. Where were the tests conducted? \_\_\_\_\_  
\_\_\_\_\_
- d. When were the tests performed? \_\_\_\_\_  
\_\_\_\_\_
- e. The reasons the tests were performed? \_\_\_\_\_  
\_\_\_\_\_
- f. Do you have a copy of the tests results? \_\_\_ Yes. \_\_\_ No.  
If yes, please provide a copy of the test results.
- g. If you do not have a copy of the test results, but you did receive a copy of the results, or otherwise know what the test results were, please describe the results:  
\_\_\_\_\_  
\_\_\_\_\_

81. Have you ever had the tap water at the Redwood Mobile Home Park tested to determine the chemical composition of the water, or to determine if the water contained any contaminants? \_\_\_ Yes. \_\_\_ No. (If no, go to Question 83.)

If yes, please answer Questions 82 and 83.

82. Please provide the following information for each of the locations where the water was tested.

Address of Location Tested	Date(s) of Test(s)	Who performed the test?	Reason for Test

83. Describe the results of each test identified in Question 82, if you know. If you do not know, state, "Unknown." \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have \_\_\_ I do not have a copy of the results of the test performed on (Date):  
\_\_\_\_\_

**Please provide a copy of all results for each of the water tests that were performed that you have.**

84. Have you ever noticed any of the following conditions of the tap water at the Redwood Mobile Home Park:

☐ Strange taste ☐ Strange odor ☐ Strange color

If yes, when? \_\_\_\_\_

85. Have you ever boiled the tap water at the Redwood Mobile Home Park before drinking it?

☐ Yes. ☐ No.

If yes, when? \_\_\_\_\_

86. Have you ever bought bottled water for fear of drinking the tap water at the Redwood Mobile Home Park?

☐ Yes. ☐ No.

If yes, when? \_\_\_\_\_

87. At any time prior to October 2000, did you think the tap water at the Redwood Mobile Home Park was unsafe?

☐ Yes. ☐ No.

If yes, when did you first think the tap water was unsafe? \_\_\_\_\_

88. Have you ever had the soil or air at the Redwood Mobile Home Park tested to determine if the soil or air contained any contaminants? ☐ Yes. ☐ No.

If yes, please answer Questions 89 and 90. If no, go to Question 91.

89. Please provide the following information for each location where the soil or air was tested:

Address of Location Tested	Date(s) of Test(s)	Who performed the test?

90. Describe the results of each test identified in Question 89, if you know. If you do not know, state, "Unknown." \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ I have ☐ I do not have a copy of the results of the test performed on  
 (Date):



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**Please provide a copy of all results for each of the soil tests that were performed that you have.**

91. Have you been contacted by anyone doing a study of health problems, contamination of the groundwater or other environmental studies, at or near the Redwood Mobile Home Park or any Site?

☐ Yes. ☐ No.

If yes, please identify each person who contacted you, and the date(s) of the contact:

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92. Please describe the results of each study or test, if known:

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**Please provide a copy of each study or test result that you have.**

93. Have you or anyone acting on your behalf (but not including your attorneys or their employees) ever conducted an investigation of or performed tests related to soil, air, groundwater, or tap water contamination which you claim was caused by any defendant?

☐ Yes. ☐ No. (If yes, please answer Question 94. If no, please go to Question 95.)

94. For each investigation or test performed by you or anyone acting on your behalf (but not including your attorneys or their employees) related to soil, air, groundwater, or tap water contamination which you claim is caused by any defendant please provide the information requested:

Date(s) Performed	Location Performed	Types of Test(s)	Persons Performing	Results

**Please provide a copy of all reports, summaries, or conclusions of any such investigations or tests.**

95. Have you ever received a written notice that there was PCE, TCE, MTBE, benzene, toluene, VOCs, or any other chemical substances in the tap water,

groundwater, soil, or air at the Redwood Mobile Home Park or at any Site?

\_\_\_ Yes. \_\_\_ No.

If yes, state when you received notice that there was or may be PCE, TCE, MTBE, benzene, toluene, VOCs, or any other chemical substances in the tap water, groundwater, soil, or air at the Redwood Mobile Home Park or at any Site, from whom the notice was received, where you received the notice and the substance of the notice:

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## VI. MEDIA AND COMMUNITY BACKGROUND

96. For the period 1985 to the present, list and provide the requested information regarding all newspapers, community newsletters, magazines containing current event/news articles and other publications containing current event/news articles that you or any person with whom you lived or visited at the Redwood Mobile Home Park subscribe(d) to and/or otherwise receive(d) (*i.e.*, if you receive a community paper, union mailing or other newsletter without a subscription) on the chart below:

Name of Publication	Dates subscribed to and/or received	List the Sections of This Publication that you Read	State the Frequency that you Read This Publication (daily, weekly, etc.)	For Daily Newspapers, Read Daily? Yes or No

97. Since 1985, have you read any news articles discussing contamination of tap water, groundwater, soil or air? \_\_\_ Yes. \_\_\_ No.

If yes, what is the earliest date you recall reading such articles? \_\_\_\_\_

In what publication was each article included? \_\_\_\_\_

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98. For the period 1985 to the present, identify all Legislative/Administrative Agency Publications that you read and indicate the frequency of your reading. If none, state "none."

What Publications, Newsletters, Notices or Fact Sheets From Any State, Federal, City or Local Legislative or Administrative Agency Have You Seen	Have You Read Such Publications, Newsletters, Notices or Fact Sheets? Yes or No	When Did You Read the Publication, Newsletter Notice or Fact Sheet?	What Was The Topic of The Publication, Newsletter, Notice or Fact Sheet?

99. Prior to becoming a Plaintiff in this action, had you ever attended a meeting in which contamination or contamination of the tap water, groundwater, soil or air was discussed?

☐ Yes. ☐ No.

If yes, identify the meeting and when and where it was held: \_\_\_\_\_

\_\_\_\_\_

What organization or group sponsored the meeting(s)? \_\_\_\_\_

\_\_\_\_\_

Who else attended the meeting(s)? \_\_\_\_\_

100. Have you ever attended a public hearing in which contamination or contamination of the tap water, groundwater, soil or air was discussed?

☐ Yes. ☐ No.

If yes, identify the hearing and when and where it was held: \_\_\_\_\_

\_\_\_\_\_

Who else attended the hearing? \_\_\_\_\_

101. Have you seen or appeared in any television program, listened to any radio program, read any magazine or newspaper articles, or viewed any other media which addressed or discussed any matters related to this lawsuit or a Related Lawsuit?

\_\_\_ Yes. \_\_\_ No.

If yes, provide the name of the program or article, the media enterprise in which it appeared (for example, Time Magazine, NBC News, etc.), the date you viewed, listened to, appeared on or read the program or article and the issues discussed:

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102. Have you been interviewed for any television program, radio program, magazine or newspaper articles, or other media which regarding any matters related to this lawsuit or a Related Lawsuit?

\_\_\_ Yes. \_\_\_ No.

If yes, provide the name of the program or article, the media enterprise, and the date(s) you were interviewed:

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103. Have you ever written an article, column, editorial, or letter-to-the-editor to any newspaper, magazine, radio station, television station, or any other media enterprise regarding any matters related to this lawsuit or a Related Lawsuit?

\_\_\_ Yes. \_\_\_ No.

If yes, describe the article(s), column(s), editorial(s), or letter(s)-to-the-editor in detail, including the publication date, subject matter, opinions expressed, co-author (if any) and the name of the media enterprise in which the article appeared:

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104. Prior to the time you retained counsel for this lawsuit, did you ever receive any solicitations (in writing or orally) to participate in this lawsuit or a Related Lawsuit? \_\_\_ Yes. \_\_\_ No.

If yes, did you retain a copy of the solicitation you received? \_\_\_ Yes. \_\_\_ No.

If yes, state the date you were solicited and the name of the person who solicited you:

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**VII. OTHER**

105. Have you ever had any communication with anyone employed by any defendant regarding contamination or potential contamination at any Site or at the Redwood Mobile Home Park?

     Yes.      No. If yes, please answer Question 106. If no, please go to Question 107.

106. Please provide the following information for each person employed by any defendant with whom you have spoken.

Person you talked with (or wrote to)	Defendant for whom the person worked	Dates of Contract	Topics of Contract

107. Have you ever had any communication with or received information from any person at any city, state, federal or local agency, including, but not limited to, the County of Marin Environmental Health Services Division, Department of Health Services, Department of Toxic Substances Control, Regional Water Quality Control Board, or Environmental Protection Agency, or with any other person acting in a official government capacity regarding contamination or potential contamination at any Site or at the Redwood Mobile Home Park?      Yes.      No. (If yes, please answer Question 108. If no, go to Question 109.)

108. Please provide the following information for each person or official referred to in Question 107 whom you contacted or who contacted you about the contamination, the Redwood Mobile Home Park or any Site.

Person you talked with (or wrote to)	Defendant for whom the person worked	Dates of Contract	Topics of Contract

109. Have you ever signed a petition or complaint letter regarding contamination or contamination of the tap water, groundwater, soil or air at the Redwood Mobile Home Park or at any Site?      Yes.      No.

If yes, when did you sign the petition or letter, and what was the subject?

Who sponsored the petition or letter? \_\_\_\_\_

110. Do you personally have, or have you had (excluding those provided by your attorneys or their employees), any photographs, films, videotapes, diagrams, reproductions, models, tape recordings, written reports or statements, or other document which pertains to the groundwater, tap water, soil, or air contamination, damage or injury which you claim are caused by any Site? ☐ Yes. ☐ No. (If yes, please answer Question 111. If no, please go to Question 112.)
111. Please identify the source of each such item, when you received the item, from whom you received the item, and the date the item was created. \_\_\_\_\_

\_\_\_\_\_  
Please provide a copy of each such item.

112. Are you making claims in this lawsuit for any other injuries, illnesses, losses or damages other than those you have already described in your answers to the above questions? If so, please give the details of those claims.

- \_\_\_\_\_  
\_\_\_\_\_  
113. Have you ever engaged in any activity on a regular basis (e.g., sports, hobbies and/or recreational activity) in which you were exposed to any chemicals (e.g., glues, varnishes, solvents, vitamin supplements or other forms of supplements)? ☐ Yes. ☐ No.

If yes, identify each activity and the chemical to which you are exposed.

- \_\_\_\_\_  
\_\_\_\_\_  
114. Identify any individual who you know who saw someone release into the environment at the site any chemical you claim caused you damage.

115. Identify each current or former employee of any defendant who concealed information about any chemical released into the environment at any Site or about the contamination of groundwater, tap water, soil, or air therefrom.

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116. For each such person identified in response to Questions 114 and/or 115, state whether the person has provided any statement or declaration to you personally regarding their knowledge, and if so identify the persons and all documents in which such statement is reflected.

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**SUPPLEMENTAL RESPONSES:**

21. Previous Residences

**RESIDENCE 4**

- a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- b. Dates of residence: \_\_\_\_\_
- c. Please identify all persons who lived at this residence with you.

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**RESIDENCE 5**

- a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- b. Dates of residence: \_\_\_\_\_
- c. Please identify all persons who lived at this residence with you.

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**RESIDENCE 6**

- a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- b. Dates of residence: \_\_\_\_\_
- c. Please identify all persons who lived at this residence with you.  
\_\_\_\_\_

**RESIDENCE 7**

- a. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- b. Dates of residence: \_\_\_\_\_
- c. Please identify all persons who lived at this residence with you.  
\_\_\_\_\_

**SUPPLEMENTAL RESPONSES**

39. Please give the name and address and approximate dates of treatment for each Medical Practitioner or Medical Treatment Facility (doctor, hospital, etc.) with whom or where you received any advice, consultation, testing, therapy, examination or treatment for each injury identified in Question 28. Please specify the condition or injury for which you were treated.

Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Date of Treatment




**SUPPLEMENTAL RESPONSES**

40. For the period from five years before the onset of your earliest injury identified in response to Question 28 to the present, list your family doctor and any specialists you have seen other than any Medical Practitioner or Medical Treatment Facility identified in your response to Question 32.

Medical Practitioner or Facility Name	Address	Year of Treatment




**SUPPLEMENTAL RESPONSES**

48. Please provide the following information for each Medical Practitioner or Medical Treatment Facility (doctor, hospital, etc.) with whom or where you received any advice, consultation, testing, therapy, examination or treatment for each injury or condition identified in Question 28. Please specify the condition or injury for which you were treated.

Medical Practitioner or Medical Treatment Facility Name	Address	Condition(s) Treated For	Date of Treatment


### **SUPPLEMENTAL RESPONSES**

55. Please provide the following information for each of the work absences you claim was caused by the Site. (If more than 2 absences, please complete your response on the supplemental pages by providing all of the information requested below for all absences.)

#### **ABSENCE 3**

- a. Dates of absence: \_\_\_\_\_
- b. Employer: \_\_\_\_\_
- c. Weekly wage before absence: \$ \_\_\_\_\_ per week
- d. Wages lost during this absence? \$ \_\_\_\_\_
- e. Describe how you calculated this loss: \_\_\_\_\_  
\_\_\_\_\_

#### **ABSENCE 4**

- a. Dates of absence: \_\_\_\_\_
- b. Employer: \_\_\_\_\_
- c. Weekly wage before absence: \$ \_\_\_\_\_ per week
- d. Wages lost during this absence? \$ \_\_\_\_\_
- e. Describe how you calculated this loss: \_\_\_\_\_  
\_\_\_\_\_

#### **ABSENCE 5**

- a. Dates of absence: \_\_\_\_\_

- b. Employer: \_\_\_\_\_
- c. Weekly wage before absence: \$ \_\_\_\_\_ per week
- d. Wages lost during this absence? \$ \_\_\_\_\_
- e. Describe how you calculated this loss: \_\_\_\_\_

61. Please identify all medical doctors consulted from 1989 to the present, for any major illness.

Name of Physician	Date(s) of Treatment	Reason(s) For Treatment	Location of Treatment

62. Please Identify all hospitalizations, including in-patient treatment, out-patient treatment, and visits to an emergency room, received from 1989 to the present

Name of Hospital	Date(s) of Treatment	Reason(s) For Treatment


63. To the extent not previously disclosed, identify all medical/psychological treatments from 1989 to the present, for any major illness.

Name of Physician or Treating Professional	Date(s) of Treatment	Reason(s) For Treatment	Location of Treatment

71. If you have never been a resident or tenant of the Redwood Mobile Home Park, or are claiming injury during a period when you were not a tenant or resident, state the name of the person whom you visited or were a guest of, for each visit:

Name of Resident	Date of Visit	Reason For Visit	Name of Other Individuals Present During Visit



above-titled action and that the foregoing Answers to the Plaintiff Questionnaire are within my personal knowledge and are true and correct.

DATED: \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF (Sign your full name)



# **EXHIBIT A**

Location where you claim you were exposed	Nature of Location (i.e., home, friend's home, family member's home, etc., and name of friend or family member)	Date of exposure (if the exposure occurred over more than 1 day, provide beginning and ending dates)	Specific substances to which you were exposed	Type of exposure (i.e., water, air or soil)	How you were exposed (i.e., ingestion, skin contact or inhalation)

**EXHIBIT B**  
**AUTHORIZATION TO RELEASE HEALTH INFORMATION AND MEDICAL RECORDS**

**RE: Name of Patient:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
I hereby authorize the above named health care provider(s), pharmacy(ies), laboratory(ies), diagnostician(s), ambulance service(s), or health insurance company(ies), and/or the Social Security Administration to release to

**Name/Address of person/organization to which disclosure is to be made:**

To: Shell Oil Company, Union Oil Company of California, BP Corporation North America, Inc., Taylor Investments, LLC, Ahamad Avash, Ali Salkhi, and A & A Gas

c/o Jeremiah Anderson  
King & Spaulding  
1100 Louisiana Street, Suite 4000  
Houston, TX 77002-5213  
Fax# (713) 751-3290 Phone # (713) 751-3200

for the period/date from the patient's date of birth to the present, all patient information/registration forms, medical records, reports, notes, diagnostic films, slides or blocks, reports, histories, charts, correspondence, opinions, patient account/billing records, itemized statements, or insurance claim information which they may request relative to the above named person's past, present or future physical condition or mental condition, treatment, care, and hospitalizations and to allow them to procure or copy whatever records, films, slides or other information you have. This specifically includes any records pertaining to HIV/AIDS tests and results and alcohol or substance usage and/or diagnoses and mental/behavioral/psychiatric records.

The release of information and medical records is requested for purposes of investigation and discovery in litigation cited as:

- ☐ *Machin, et al., v. Taylor Investments, et al.*; Marin County Superior Court, Case No. CV 060999, subsequently transferred to the Southern District of New York as part of MDL 1358.

I understand that this information may be subject to redisclosure by a recipient that is not a HIPAA covered entity. This authorization may be revoked by written notice delivered by the U.S. Mail to the above named health care provider directed to the specific department from which documents/items are requested. I also understand that treatment by and payment for services may not be conditioned on this authorization. This authorization is HIPAA compliant as defined in 45 C.F.R. Section 164.508(c).

You are specifically and expressly authorized to accept a copy of this authorization as though it were an original. This release is valid for 365 days after signed date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient